SPECIAL TENNIS PROGRAM
2019 APPLICATION FORM

***Enrolling in Year**	☐ Year 7 2019	☐ Year 7 2020	☐ Year 7 20____			
***Seeking Entry Into:**	☐ Year 7	☐ Year 8	☐ Year 9	☐ Year 10	☐ Year 11	☐ Year 12

Surname:
First Name:
Residential Address:
Suburb:
State: Postcode:

Attach Passport Photo Here

Telephone:
Email Address:
Date of Birth:
School Currently Attending:
Playing Experience (Pennant Level, Tournament Performance):
Australian Ranking (via www.tennis.com.au):

2018 Testing Days*: (Cross Preference)	☐	Thursday March 1st 2018 @ 4pm
	☐	Thursday May 24th 2018 @ 4pm
	☐	Thursday July 26th 2018 @ 4pm

* Testing by appointment after July 27th

IMPORTANT!!

A copy of your ***latest school report*** and ***one confidential reference*** from your current school teacher must be received no later than one week prior to testing.

Send application to:

The Special Tennis Program Coordinator
Applecross Senior High School
Links Road
ARDROSS WA 6153